

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 913360 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7		2				
8						
9		1				
10	1					
11						
12						
13		1				
14		2				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	12					
TOTAL CLAIMS	16					

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IND.	DEP.	IND.	DEP.	IND.
61				
62				
63				
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				